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RULE				

APPLICANTS

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>A.A.</i> Examiner's Signature	Initials <i>A.A.</i>				

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TITLE

Emergency call placement method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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